

**BOONE COUNTY, MISSOURI  
DRUG COURT  
CONFIDENTIALITY AGREEMENT  
FOR INTERPETER TO DRUG COURT**

I, \_\_\_\_\_ (your name), agree that all the information heard, discussed, and read and observed during the Drug Court Hearing will remain confidential.

The purpose of, and need for this Confidentiality Agreement is to assist \_\_\_\_\_ during the Drug Court hearing process.

I understand that alcohol and/or drug treatment records and mental health records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without the Drug Court participant's written consent unless otherwise provided for by the regulations.

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(Specification of the date, event or condition upon which this consent expires)

Date \_\_\_\_\_ Signature of Visitor \_\_\_\_\_

Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_